AFB Clinical Specimen (Mycobacteria Smear & Culture)

Test description	Acid fast microscopy and culture of pulmonary and non-pulmonary clinical specimens.
Test use	To determine the presence or absence of mycobacteria in clinical specimens and, if isolated, to identify to the species or complex.
Test department	Mycobacteriology Laboratory Phone: (860) 920-6649, FAX: (860) 920-6721
Methodology	Smear by Auramine-rhodamine fluorescent stain. Culture using agar (Lowenstein-Jensen) and broth (BACTEC™ MGIT™) media. Identification methods: DNA probe, High Performance Liquid Chromatography (HPLC), biochemical testing and growth characteristics.
Availability	Daily, Monday-Friday. Negative cultures are reported after 6 weeks incubation.
Specimen Requirements	Clinical specimens from pulmonary and extra pulmonary sites. Sputum: minimum volume 3 mL (5-10 mL preferred) collected in a sterile 50 mL conical tube. Swab specimens are strongly discouraged.
Collection Kit/Container	To obtain collection kit, refer to Collection Kit Ordering Information.
Collection Instructions	Varies according to anatomic site. If needed, site specific collection instructions may be obtained by calling the Mycobacteriology Laboratory.
Specimen Handling & Transport	Store at 2-8° C. Transport as soon as possible to laboratory. Transport with an ice pack coolant (preferred) or at ambient temperature. Avoid temperature extremes. Exceptions: Room temperature storage and transport is required for blood, bone marrow, CSF, tissue, and gastric wash/lavage samples.
Unacceptable Conditions	Unlabeled specimens Specimens that have leaked or containers that have broken in transit Blood collected into EDTA (purple top) or ACD (yellow top tubes) Coagulated blood
Requisition Form	Clinical Test Requisition (select **AFB Clinical Specimen**)
Required Information	Name and address of submitter (and/or Horizon profile #) Patient name or identifier, town of residence (city, state, zip), date of birth. Specimen source/type, date collected, test(s) requested Please ensure patient name on the requisition matches that on the specimen.
Limitations	• A negative result does not rule out infection with mycobacteria. • Non-acid fast organisms present in culture may interfere with isolation and identification of mycobacteria.
Additional information	• A nucleic acid amplification test for the presence of *Mycobacterium tuberculosis* complex DNA is automatically done on the first patient specimen submitted for AFB smear and culture that is found to be acid fast smear positive (see MTBC NAAT). • Anti-tuberculosis drug susceptibility testing is performed on the initial *M. tuberculosis* complex isolate from each patient. • Cultures are incubated for 6 weeks before being reported as negative.

Revision: 8/25/15